

**STATE OF NEVADA
AGING AND DISABILITY SERVICES DIVISION**

**SERVICE SPECIFICATIONS
HOMEMAKER SERVICE**

Any exceptions to these Service Specifications must be requested in writing and approved by the Deputy Administrator of the Aging and Disability Services Division.

PURPOSE:

To promote quality of service, the Aging and Disability Services Division (ADSD) has established service specifications that contain general guidelines. The service specifications that each grantee must follow consist of GENERAL REQUIREMENTS and PROGRAM-SPECIFIC REQUIREMENTS established for each type of funded service.

SERVICE DEFINITION:

Person-centered homemaker and chore assistance service is provided to individuals, age 60 and older, who are unable to perform some or all of their desired homemaker services, due to identified functional deficiencies, and because they are in need of a support system to provide essential homemaker services.

SERVICE CATEGORIES AND UNIT MEASURES:

The following service categories and unit measures must be used to document the amount of service provided:

Homemaker: Assistance provided to persons having difficulty with one or more of the activities described hereafter.

One unit equals one hour of Homemaker service.

SPECIFICATIONS:

1. Required Services:

- 1.1 General cleaning to include vacuuming, mopping, sweeping, cleaning bathroom(s), cleaning kitchen, emptying trash, dusting, changing linens and/or washing laundry based on the client's desires determined through person-centered planning.
 - 1.1.a If the program is able to meet client requests for other general cleaning tasks, they may be performed.
- 1.2 Shop for groceries and prescriptions.
- 1.3 Pick up mail.

2. Optional Services:

2.1 Heavy cleaning and related services:

2.1.a Heavy cleaning: Provide heavy cleaning (prior to the start of Homemaker Service) if the home is unsanitary or severely neglected. Funding for this one-time service is limited to \$300 if funds from the ADSD homemaker grant are used (fixed-fee rate per hour applies). Programs may establish an ADSD-approved cost-sharing agreement with the client to pay for this service.

2.2 Perform other non-essential household tasks as desired by the client and agreed upon for the service plan, such as watering houseplants or filling bird feeder.

2.3 Prepare meals if home-delivered meals are unavailable.

2.4 Homemakers may transport clients to necessary services, such as medical appointments, when no other transportation option is available. The program must maintain current proof of drivers' licenses and vehicle insurance for all homemakers involved in transporting clients.

3. Assessment/Certification:

3.1 Client Assessment: A written evaluation of each applicant, age 60 and older, requesting Homemaker Services. The assessment, found in Appendix A, must indicate the condition(s) of the applicant, based on the explanations below.

Eligibility: An applicant is eligible for Homemaker Service when **at least one** of the following conditions or deficiencies, which impede the applicant's ability to perform homemaking tasks, is observed *or reported by the individual, a family member or referring agency staff*. These deficiencies can put the applicant at risk for safely performing household tasks, meal preparation, or remaining independent at home.

3.1.a. Mobility deficiency: The applicant has difficulty standing and walking from place to place, and therefore uses a supportive device, such as a wheelchair, walker or cane, or may walk holding on to furniture or rails.

3.1.b. Cognitive deficiency: The applicant has difficulty with planning, judgment or memory. The applicant, a family member or referral agency staff may report that the applicant can't recall recent events, can't easily make decisions, or that words don't come as easily as they once did. For example, short-term memory deficiencies can make it unsafe for the applicant to use a stove or appliances without possible injury or to complete tasks without constant reminding.

- 3.1.c. Endurance deficiency: The applicant is unable to complete a task without experiencing shortness of breath, weakness or unsteadiness with minimal exertion.
- 3.1.d. Sensory deficiency: The applicant has difficulty with or has lost one or more of the five senses – sight, hearing, touch, smell or taste. For example, loss of the sense of touch could interfere with the applicant's ability to feel temperature changes.
- 3.2 Service Plan: A person-centered service plan must be established for each client based on the client's desires for service outcome and client deficiencies that prevent the client from achieving the outcome. The service plan criteria contained in Appendix B are to be used in discussion with the client to agree upon service tasks and frequency of service. A signed copy of the service plan must be provided to the client.
- 3.3 Reassessment: A reassessment is required upon a client's request for increased homemaker service hours or whenever there is a substantial change in a client's desires and priorities, physical condition, support system, or home environment. At a minimum, clients must be reassessed annually through an in-home visit. The reassessment must be based on the assessment criteria contained in Appendix A with service outcomes agreed upon with the client. Reassessment documentation must be recorded separately from the original assessment documentation.
- 4. Other Documentation Requirements:
 - 4.1 Homemaker Activity Record: Service must be provided in accordance with the established service plan. A homemaker activity record and timecard is required to be completed after each service visit and must contain the following documentation:
 - 4.1.a Name of client and date of service;
 - 4.1.b Housekeeping and chore tasks provided to the client, including any services provided in addition to those specified in the service plan;
 - 4.1.c Homemaker's time of arrival and departure;
 - 4.1.d Signatures of client (or client's representative) and homemaker; and
 - 4.1.e A list of authorized services from the service plan not provided to the client and a brief explanation why they were not provided.

Client signatures are to be obtained only after services have been provided.

- 4.2 Verification System for Shopping: A procedure must be established which allows homemakers and clients to verify the amount of money given to the homemaker, cost of items purchased, and change returned to the client. Documentation of the transaction must be included in the homemaker activity record.

5. Quality Improvement:

- 5.1 A quality assurance visit or phone call must be provided to each client at three-month intervals (as outlined in 6.1) following each assessment or reassessment. The quality assurance check conducted six months after each assessment or reassessment must be in person and in the client's home. The purpose of the quality assurance check is to verify that the service plan is being followed, assess client satisfaction with the service, and amend the service plan as necessary to ensure that the client receives the services needed.

6. Client Contact Time Frames:

- 6.1 The following is a summary of the client contact time frames for assessments, reassessments, and quality assurance:
 - 6.1.a Begin Date - Initial Assessment
 - 6.1.b 1 Month - Quality Assurance Phone Call
 - 6.1.c 3 Months - Quality Assurance Visit or Phone Call
 - 6.1.d 6 Months - Quality Assurance Visit
 - 6.1.e 9 Months - Quality Assurance Phone Call
 - 6.1.f 12 Months - Reassessment

APPENDIX A

HOMEMAKER PROGRAM ASSESSMENT CRITERIA

The client assessment must document the status of the client in the following areas:

1. Detailed summary of discussion with client regarding his or her desires for tasks to be accomplished by a homemaker to achieve his or her interpretation of quality of life for a clean and tidy home.
2. Description of Client's Medical/Physical Condition:
 - Diagnosis (if known)
 - Recent hospitalizations and reason
 - Physical condition of client (areas of the body impaired, severity of impairments)
 - Assistive devices used by client in performing Activities of Daily Living (e.g., wheelchair, oxygen)
3. Analysis of Client's Functional Status, with deficits identified that affect the client's ability to safely perform homemaking tasks:
 - Mobility Deficiency
 - Cognitive Deficiency
 - Endurance Deficiency
 - Sensory Deficiency
4. Analysis of Client's Support System:
 - Number of persons in household and their relationship to the client
 - Homemaking tasks performed by family and friends
 - Transportation (e.g., client owns a car, client drives, others who provide transportation for the client)
5. Analysis of Home Environment:
 - Number/types of rooms to be cleaned
 - Number/type of pets
 - Type of housing: mobile home, apartment, townhouse, house
 - Indicate whether refrigerator, oven, heating and plumbing are in working condition
 - Indicate availability of laundry facilities: in the home, on-site, off-site
 - Indicate whether the client needs assistive devices for bathing (e.g., shower chair, grab bars) and document referral to appropriate provider
 - Indicate unsafe conditions and follow-up as needed

APPENDIX B

SERVICE PLAN CRITERIA

Service plans must be established based on the following maximum and minimum frequencies for each service task. Homemaker service cannot exceed three hours per visit.

Required Services	Maximum	Minimum
Vacuum, Mop, Sweep	weekly	every two weeks
Clean Bathroom	weekly	every two weeks
Clean Kitchen	weekly*	every two weeks
Empty Trash	as needed	as needed
Dust	weekly	every two weeks
Change Linens	weekly, or more often if soiled	every two weeks
Laundry	weekly	every two weeks
Shop, Pick up Prescriptions and Mail	as needed	as needed
Other Essential Household Tasks Requested By Client	as needed and if the program is able	as needed and if the program is able

*Higher frequency is permitted if performed in conjunction with meal preparation.

Optional Service	Maximum	Minimum
Meal Preparation	daily	as needed
Transportation	as needed*	as needed*
Snow Removal	as needed*	as needed*
Cutting Firewood	as needed*	as needed*
Other Non-Essential Household Tasks Requested By Client	as needed*	as needed*

*When no other option is available.

Other Required Service Plan Documentation:

- The number of service hours to be provided each visit, and the number of visits per week or month
- The length of time services are authorized (maximum period is 12 months)
- The signature of the agency representative and date
- Signature of the client or client's representative and date
- Observations of change in client or client's environment